


1. CIR./DIST./DIV. CODE EDNY		2. PERSON REPRESENTED <b>Colette Robertson</b>		VOUCHER NUMBER																																																																																																																									
3. MAG. DKT./DEF. NUMBER 13-653M		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																																																																									
7. IN CASE/MATTER OF (Case Name) USA V. Robertson		8. PAYMENT CATEGORY X Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other																																																																																																																									
10. REPRESENTATION TYPE (See Instructions) CC																																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>  18 USC 2251																																																																																																																													
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  MITCHELL GOLUB 225 BROADWAY, #1515 NEW YORK, NY 10007  Telephone Number: 212-693-1000			13. COURT ORDER X <input type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)   Signature of Presid  7/24/13 Date of Order Repayment or partial repayment or appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO time																																																																																																																										
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)																																																																																																																													
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE  TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																								
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____																																																																																																																													
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																									
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE																																																																																																																									
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